| PATENT APPLICATION FEE DETERMINATION RECOI   |  |   |                 |                                    |                      |                  |             | Application or Docket Number  10649434 |                        |               |                     |                        |  |
|--|--|---|-----------------|------------------------------------|----------------------|------------------|-------------|--|------------------------|---------------|---------------------|------------------------|--|
|  |  |   |                 |                                    |                      |                  |             |  |                        |               |                     |                        |  |
| TOTAL CLAIMS   |  |   | _ 15            |                                    |                      |                  |             | Έ                                      | FEE                    | ]             | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED    |                                    | NUMBER EXTRA         |                  | BASIC       | FEE                                    | 375.00                 | OR            | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | / 5 minus 20=   |                                    | * 0                  |                  | X\$ 9=      |  | i<br>1                 | OR            | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 = *   |                                    | * 0                  | * 0              |             | X42=                                   |                        | OR            | X84=                |                        |  |
| MU   | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | RESENT          |                                    |                      |                  | +140=       |  |                        | Ofi           | +280=               | . =                    |  |
| * If   | the difference                                 | in column 1 is                            | less than ze    | s than zero, enter "0" in column 2 |                      |                  |             | TOTAL                                  |                        | OR            | TOTAL               | 375                    |  |
| CLAIMS AS AMENDED - PART II  |  |   |                 |                                    |                      |                  |             |  | <del></del>            | •             | OTHER               |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |                                    |                      |                  | SMA         | LL                                     | ENTITY                 | OR            | SMALL               | ENTITY                 |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID      | BER<br>OUSLY         | PRESENT<br>EXTRA | RAT         | Έ                                      | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                                 |                      | =                | X\$ 9       | )=                                     |                        | OR            | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus           | ***                                |                      | =                | X42         | =                                      |                        | OR            | X84=                |                        |  |
|  | FIRST PRESE                                    | NTATION OF M                              | JLTIPLE DEI     | PENDENT                            | CLAIM                |                  | +140        | )=                                     |                        | OR            | +280=               | · · · · · ·            |  |
|  |  |   |                 |                                    |                      |                  | ТО          | TAL                                    |                        |               | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |                                    |                      |                  |             | FEE                                    |                        | <b>1</b> 0.11 | ADDIT. FEE          |                        |  |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIGH<br>NUM<br>PREVIO              | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA | RAT         | E                                      | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                                 |                      | =                | X\$ 9       | )=                                     |                        | OR            | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus           | ***                                |                      | =                | X42         | =                                      |                        | OR            | X84=                |                        |  |
| _  | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEF     | PENDENT                            | CLAIM                |                  |             |  |                        |               | 000                 |                        |  |
|  |  |   |                 |                                    |                      |                  | +140        | )=<br>TAL                              |                        | OR            | +280=<br>TOTAL      |                        |  |
|  |  |   |                 |                                    |                      |                  | ADDIT. I    |  |                        | OR            | ADDIT. FEE          |                        |  |
|  |  | (Column 1)<br>CLAIMS                      | 1               | (Colur                             |                      | (Column 3)       |             |  |                        | . ,           |                     |                        |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUM<br>PREVIO<br>PAID              | BER<br>OUSLY         | PRESENT<br>EXTRA | RAT         | E                                      | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                                 |                      | =                | X\$ 9       | ) <del>=</del>                         |                        | OR            | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus           | ***                                |                      | =                | X42         | =                                      |                        | OR            | X84=                |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                    |                      |                  |             |  |                        |               |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                 |                                    |                      |                  |             |  |                        | OR            | +280=               |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box |  |   |                 |                                    |                      |                  |             |  |                        |               | TOTAL<br>ADDIT. FEE |                        |  |
|  | The "Highest Nun                               | nber Previously Pa                        | d For" (Total o | r Independ                         | ent) is the          | e highest number | found in th | e ap                                   | propriate box          | k in col      | umn 1.              |                        |  |